

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

| SERIAL NO    |   | FILING DATE |     |     |     |
|--------------|---|-------------|-----|-----|-----|
| APPLICANT(S) |   |             |     |     |     |
| CLAIMS       |   |             |     |     |     |
|              |   | IND         | DEP | IND | DEP |
| 1            | 1 |             |     |     |     |
| 2            |   |             |     |     |     |
| 3            |   |             |     |     |     |
| 4            |   |             |     |     |     |
| 5            |   |             |     |     |     |
| 6            |   |             |     |     |     |
| 7            |   |             |     |     |     |
| 8            |   |             |     |     |     |
| 9            |   |             |     |     |     |
| 10           |   |             |     |     |     |
| 11           |   |             |     |     |     |
| 12           |   |             |     |     |     |
| 13           |   |             |     |     |     |
| 14           |   |             |     |     |     |
| 15           |   |             |     |     |     |
| 16           |   |             |     |     |     |
| 17           |   |             |     |     |     |
| 18           |   |             |     |     |     |
| 19           |   |             |     |     |     |
| 20           |   |             |     |     |     |
| 21           |   |             |     |     |     |
| 22           |   |             |     |     |     |
| 23           |   |             |     |     |     |
| 24           |   |             |     |     |     |
| 25           |   |             |     |     |     |
| 26           |   |             |     |     |     |
| 27           |   |             |     |     |     |
| 28           |   |             |     |     |     |
| 29           |   |             |     |     |     |
| 30           |   |             |     |     |     |
| 31           |   |             |     |     |     |
| 32           |   |             |     |     |     |
| 33           |   |             |     |     |     |
| 34           |   |             |     |     |     |
| 35           |   |             |     |     |     |
| 36           |   |             |     |     |     |
| 37           |   |             |     |     |     |
| 38           |   |             |     |     |     |
| 39           |   |             |     |     |     |
| 40           |   |             |     |     |     |
| 41           |   |             |     |     |     |
| 42           |   |             |     |     |     |
| 43           |   |             |     |     |     |
| 44           |   |             |     |     |     |
| 45           |   |             |     |     |     |
| 46           |   |             |     |     |     |
| 47           |   |             |     |     |     |
| 48           |   |             |     |     |     |
| 49           |   |             |     |     |     |
| 50           |   |             |     |     |     |
| TOTAL IND.   | R |             |     |     |     |
| TOTAL DEP.   | 0 |             |     |     |     |
| TOTAL CLAIMS | 1 |             |     |     |     |
| TOTAL IND.   |   |             |     |     |     |
| TOTAL DEP.   |   |             |     |     |     |
| TOTAL CLAIMS |   |             |     |     |     |

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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